



## **Welcome to the November Q&A!**

**Trusts represented today include: North Bristol, Cambridge, Worcester, Cork, Northampton, Basildon, Oxford, Imperial, Newcastle, Exeter, Edinburgh, Glasgow, Lister, Doncaster, Salford**

# Updates



- Reminder to check your RPG membership is up to date
  - Large number of lapsed memberships, currently being checked against the Q&A whastapp group list
- **RPG conference 2024 11<sup>th</sup>/12<sup>th</sup> October** - save the date!! 😊
  - Birmingham Arden Hotel
- **UK Kidney week 10-12<sup>th</sup> June 2024**
  - Edinburgh Conference Centre
  - Liaise with Cathy Pogson to get involved ([cathy.pogson@porthosp.nhs.uk](mailto:cathy.pogson@porthosp.nhs.uk))
- Teams chat for advanced/consultant portfolios
  - Patsy Edwards from RPS will join 4pm 23<sup>rd</sup> November
  - Email [cathy.pogson@porthosp.nhs.uk](mailto:cathy.pogson@porthosp.nhs.uk) if you would like to join

# Updates



- UKKA membership - Please can all members log into the website to check your renewal status
  - A number of Whatsapp members have lapsed membership and we are working to ensure all active Q&A members have a current membership
    - Check your contact emails +/- spam boxes as some of the renewals appear to be going there

A screenshot of the UK Kidney Association (UKKA) website. The top navigation bar is dark blue with social media icons (LinkedIn, Twitter, Instagram, YouTube) on the left and 'Login', 'Join UKKA', 'Donate', and a search icon on the right. Below the navigation bar, the UKKA logo and the UK Renal Pharmacy Group logo are displayed. A large green arrow points down from the UK Renal Pharmacy Group logo to the 'Members' link in the main navigation menu. The 'Members' link is highlighted in the menu. To the right of the menu, there is a button that says '« Return to The UK Kidney Association'. Below the menu, the heading 'Members' is displayed. Underneath, a message states: 'The following content is only accessible to UK RPG members. If you are not logged in already, you can log in now to view or sign up and become a member'. A large green arrow points left from this message towards the 'Members' link in the menu. Below the message, there are three content cards: 'Guidelines' (NICE accredited clinical practice guidelines), '25th Annual Report' (Analyses about the care provided to patients at UK renal), and 'UKRR AKI Report' (A report on the nationwide collection of AKI warning test).



# National Avacopan Study

**Dr Lucy Francis**

**Nephrology registrar ST6/Clinical Research Fellow at  
Addenbrookes**

# Background

- Avacopan is a first in class C5aR1 antagonist approved in 2022 for ANCA associated vasculitis (AAV)
- C5a is strong neutrophil chemotactic factor
- Avacopan prevents neutrophilic inflammation in ANCA vasculitis

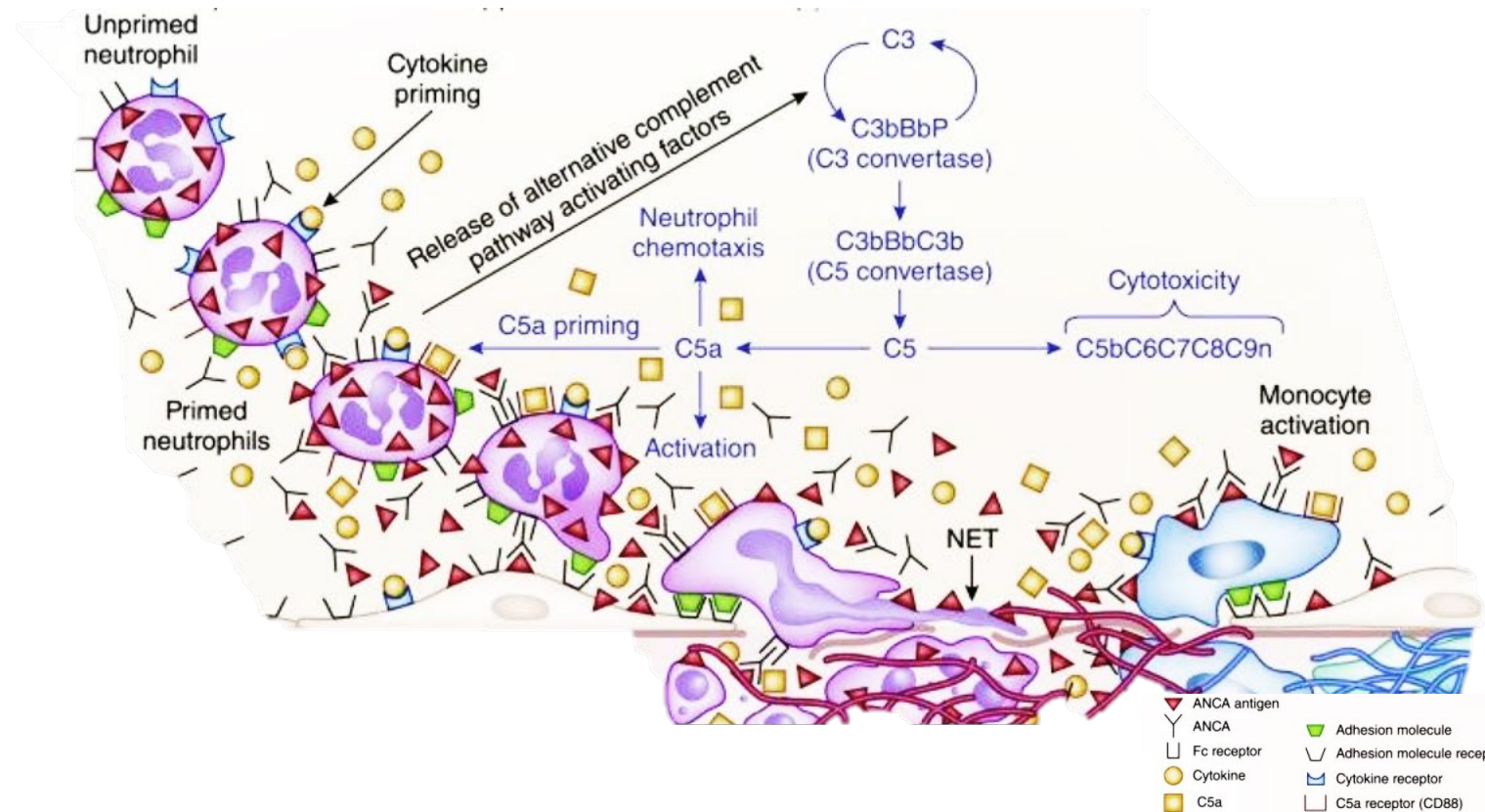
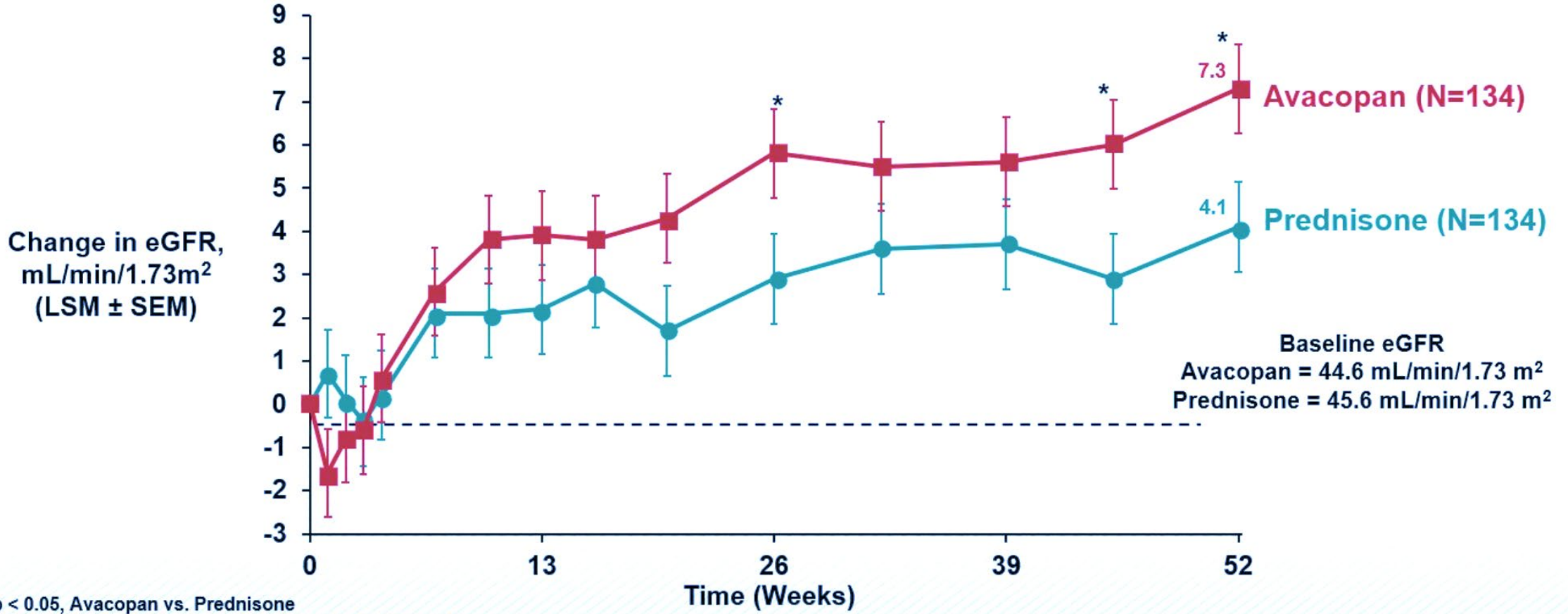


Diagram adapted from Jennette JC, Nachman PH. Clin J Am Soc Nephrol 2017

# Avacopan and renal recovery- Advocate study



\*p < 0.05, Avacopan vs. Prednisone  
eGFR: estimated glomerular filtration rate; LSM: least squares mean;  
SEM: standard error of mean

# Avacopan and renal recovery at low eGFR

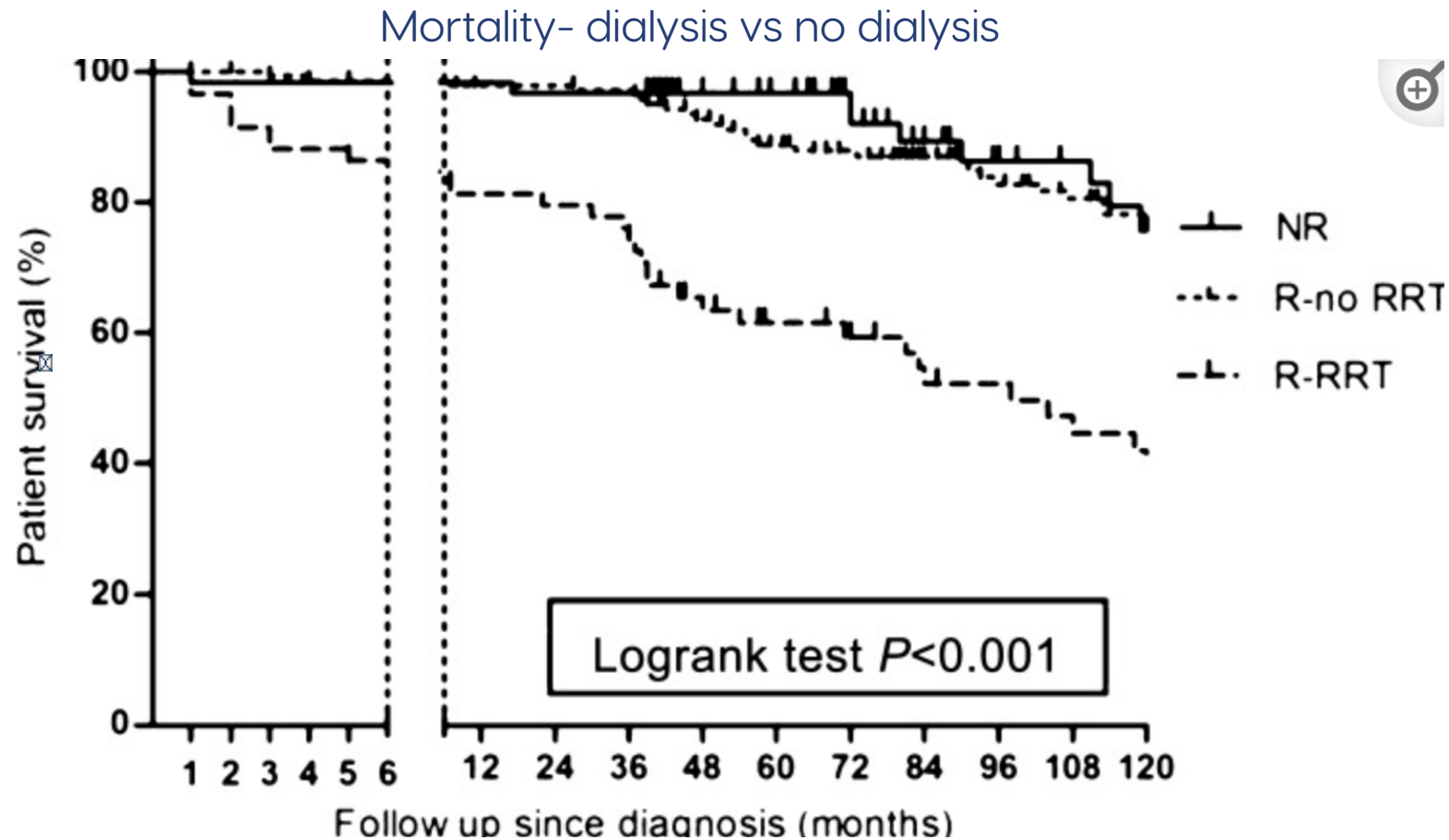


N=50 eGFR 15-20	Avacopan	Prednisolone
Change in eGFR week 52	16.1ml/min	7.7ml/min
>2 fold increase in eGFR	41%	13%
Last eGFR >20	85%	57%

Jayne et al. N Engl J Med 2021  
Cortazar et al ASN Kidney  
week 2022 FR-PO651

# Background

The ADVOCATE trial excluded patients with eGFR <15 ml/min



Patient survival in ANCA-associated vasculitis without renal involvement compared with patients with renal involvement and renal replacement therapy and patients with renal involvement without renal replacement therapy

Joode et al. Clin J Am Soc Nephrol 2013



# Questions raised



## Clinical

- Benefits in a larger real life population (eGFR <15, ritux+cyclo, age>75)
- Do improvements in renal outcomes result in lower mortality
- What do you do at week 52?

## Mechanism

- Why is there continued renal improvement beyond first 3-6 months
- Are there effects on more chronic inflammatory/fibrotic macrophage driven pathways

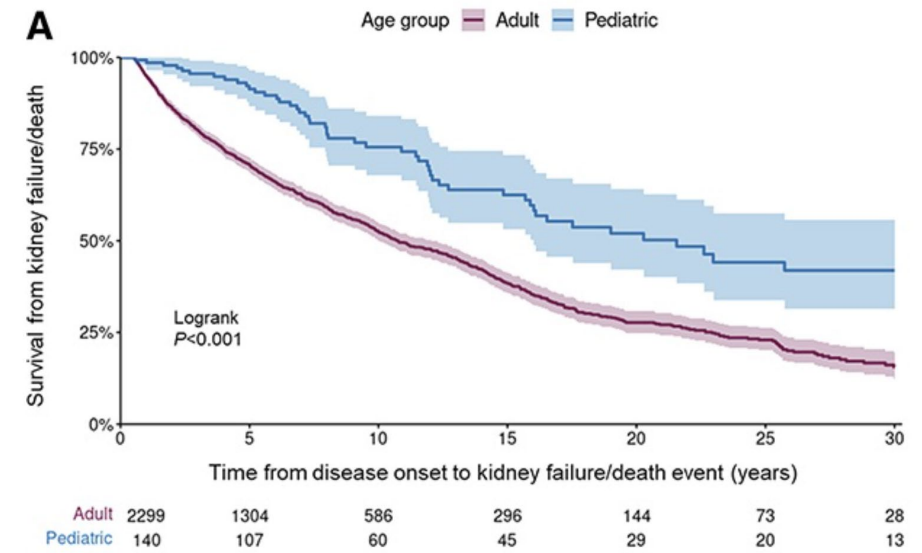
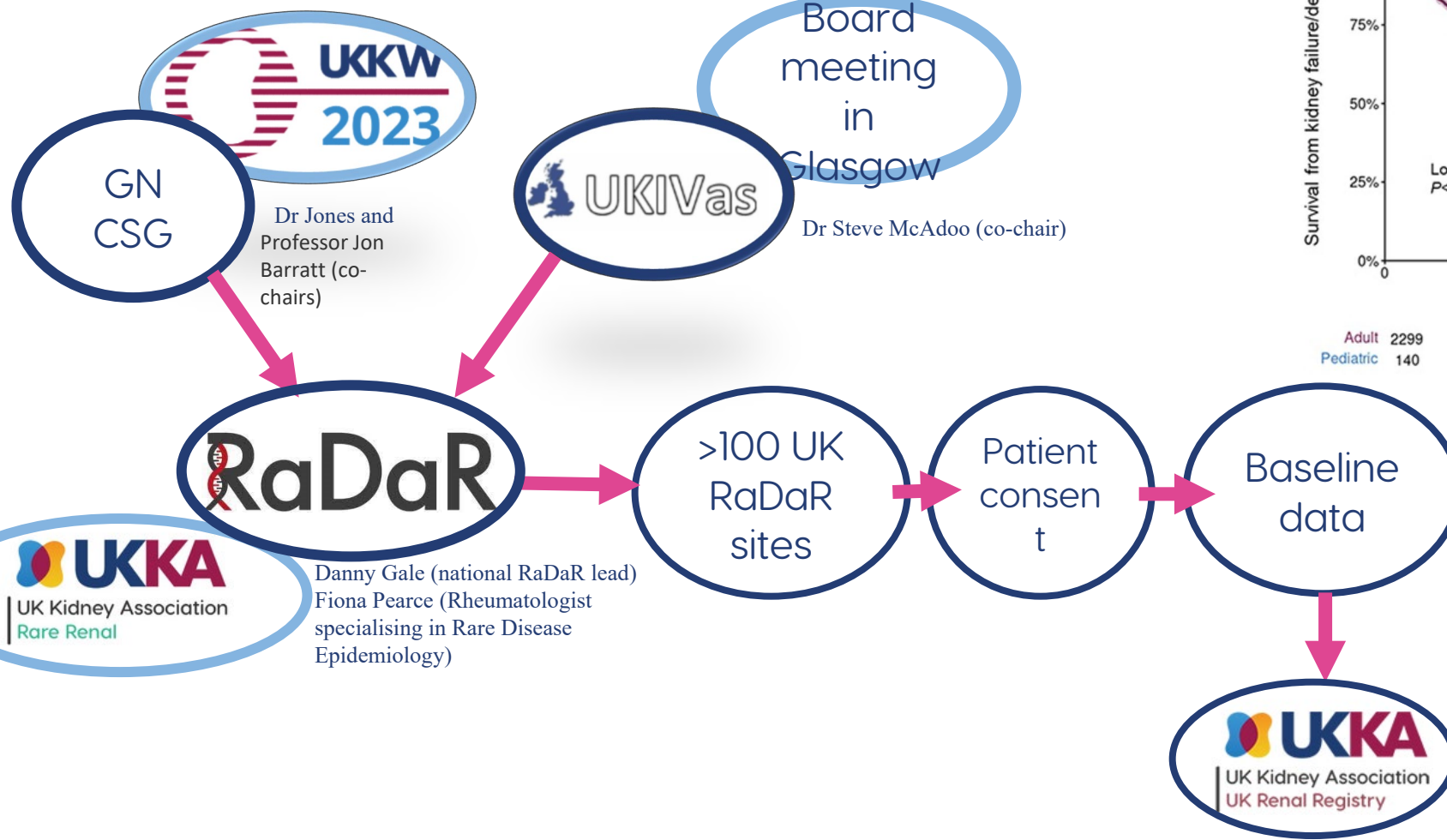


**WHAT WE ARE AIMING TO DO...**



- A national prospective parallel cohort study of avacopan exposed and matched unexposed cohorts
- 300 avacopan cases recruited into RaDaR (national registry)
- 600 control cases from existing trial data sets/RaDaR
- Subgroup analyses on patients excluded from the phase 3 trial
- Looking primarily at renal outcomes/from a nephrology viewpoint

# Feasibility of a national study



J Barratt et al. Clin J Am Soc Nephrol. 2023

# Benefits of a national study



- From an international perspective, in the UK we are probably using more avacopan than others
- Could be one of the first sizeable renal series' looking at avacopan
- Would encourage more collaborative work across the UK for rare renal diseases

# RaDaR + consent



Addenbrookes Hospital, Hills Road  
Cambridge, CB2 0QQ  
Phone number: 01223805000

## National Registry of Rare Kidney Diseases (RaDaR)

### Adult Consenting Letter

Please find enclosed information sheets about the **National Registry of Rare Kidney Diseases (RaDaR)**, which is a research registry that your hospital renal unit is participating in, which collects information about people with rare kidney diseases.

Please take the time to read the information sheets, which will give you more details about RaDaR and what it means to you. By consenting to participate in RaDaR, your data will be linked to studies, where appropriate, and researchers will be able to contact you directly about patient information events.

If you would like to consent to taking part, please complete the enclosed Consent Form by signing and dating it at the bottom. Please return the form to your renal unit at the address at the top of this letter.

Please note that participation in RaDaR is entirely voluntary and if you choose not to take part it will not affect your treatment or medical care in any way.

If you would like to discuss RaDaR further please contact your kidney doctor or kidney nurse, or contact the RaDaR Operational Officer direct on 0117 4148150 or email [nbn-tr.radar@nhs.net](mailto:nbn-tr.radar@nhs.net).

Thank you for your time.

Encs.



The screenshot shows the RaDaR website interface. At the top, there is a teal navigation bar with the RaDaR logo and menu items: Cohorts, Cambridge, Patients, News, and Stats. Below this is a search bar with a dropdown menu showing 'Hospital' and 'Cambridge'. To the right of the search bar, there are two input fields: 'Recruited On' with the value '07/11/2023' and 'Recruited By' with the value 'garryking'. Below the search bar is a horizontal menu with items: RaDaR, Demographics, Consents, Consultants, Cohorts, Hospitals, and More... The main content area is titled 'Avacopan' and features a 'List' button and a 'View' button. Below these buttons are three form fields: 'Avacopan start date (baseline) \*' with an empty input box, 'Avacopan course type' with radio buttons for 'New Presentation' and 'Relapse', and 'Avacopan Indication' with radio buttons for 'Steroid sparing', 'Refractory disease', and 'Severe Nephritis'.

## RaDaR data fields and diagnostic codes



Patient ID	Date	Creatinine μmol/L	eGFR ml/min/1.73m <sup>2</sup>	ACR mg/mmol	PCR mg/mmol	MPO (IU/ml)	PR3 (IU/ml)	Urine haematuria (0,1,2,3+)
A1	Flare date							
A1	Avacopan start date (baseline)							
A1	Baseline + 1 month							
A1	Baseline + 2 months							
A1	Baseline + 3 months							
A1	Baseline + 6 months							
A1	Baseline + 9 months							
A1	Baseline + 12 months							
A2	Flare date							
A2	Avacopan start date (baseline)							
A2	Baseline + 1 month							
A2	Baseline + 2 months							
A2	Baseline + 3 months							
A2	Baseline + 6 months							
A2	Baseline + 9 months							
A2	Baseline + 12 months							
A3	Flare date							
A3	Avacopan start date (baseline)							
A3	Baseline + 1 month							
A3	Baseline + 2 months							
A3	Baseline + 3 months							





Site	Avacopan details							
Patient ID	Avacopan start date 1	Avacopan stop date 1	Avacopan start date 2	Avacopan stop date 2	If different from 30mg bd, please enter the dose avacopan was restarted at (mg)	If avacopan has been temporarily interrupted, please enter reason why	If avacopan has been permanently discontinued, please enter reason why	Was the patient in remission at end of avacopan treatment course
A16								
A17								
A18								
A19								
A20								
A21								

## Study Overview

### Brief Summary

The **Avacostar** PASS is a non-interventional, multi-national, prospective cohort study that will collect data from 2 cohorts of patients: those treated with avacopan for active severe AAV, and a second cohort treated with a cyclophosphamide or rituximab-based induction regimen without avacopan for active severe AAV. The overall study duration is anticipated to be up to 7 years, including a recruitment period of approximately 3 years.

### Detailed Description

The Avacostar PASS is a non-interventional, multi-national, prospective cohort study that will collect data from 2 cohorts of patients: those treated with avacopan for active severe AAV, and a second cohort treated with a cyclophosphamide or rituximab-based induction regimen without avacopan for active severe AAV. The overall study duration is anticipated to be up to 7 years, including a recruitment period of approximately 3 years. Enrolled patients will be followed until the last patient last visit (LPLV) milestone, which will be 4 years after the last participant is enrolled.

Germany and the United Kingdom (UK) have been selected for the study. Additional countries may be...

[+ Show more](#)

### Official Title

**Avacostar** - A Post Authorization Safety Study (PASS) to Evaluate the Incidence of Safety Events of Interest in Patients Treated With Avacopan for ANCA-associated Vasculitis (AAV)

### Conditions

ANCA-associated Vasculitis

### Intervention / Treatment

### Other Study ID Numbers

### Study Start (Actual)

2023-09-11

### Primary Completion (Estimated)

2030-12-01

### Study Completion (Estimated)

2030-12-01

### Enrollment (Estimated)

500

### Study Type

Observational

Please complete for all rituximab, cyclophosphamide and methylprednsiolone given from the date of flare to 12 months post avacopan start date

Patient ID	Date	Drug	Dose (mg)
A1			
A1			
A1			
A1			
A1			
A1			
A1			
A1			
A1			
A1			
A1			
A1			
A1			
A1			
A2			
A2			
A2			
A2			
A2			
A2			
A2			
A2			
A2			
A2			
A2			





Patient ID	Date	Oral prednisolone daily dose (mg)
A1	Flare date	
A1	Avacopan start date (baseline)	
A1	Baseline + 1 week	
A1	Baseline + 2 weeks	
A1	Baseline + 3 weeks	
A1	Baseline + 4 weeks	
A1	Baseline + 3 months	
A1	Baseline + 6 months	
A1	Baseline + 9 months	
A1	Baseline + 12 months	
A2	Flare date	
A2	Avacopan start date (baseline)	
A2	Baseline + 1 week	
A2	Baseline + 2 weeks	
A2	Baseline + 3 weeks	
A2	Baseline + 4 weeks	
A2	Baseline + 3 months	
A2	Baseline + 6 months	
A2	Baseline + 9 months	
A2	Baseline + 12 months	
A3	Flare date	

# To summarise




- The event that resulted in avacopan being prescribed for each individual patient is referred to on the spreadsheet as “the flare” for ease of use (it is referring to a new diagnosis that prompted avacopan use or a relapse that has now prompted avacopan use, whichever is most appropriate).
- Please keep a log at your centre, of patient’s unique RaDaR IDs (all patients included should be consented to RaDaR) with NHS/MRN numbers and study patient IDs that are specific to your centre. This spreadsheet will refer to patients anonymised with only their study patient ID (for example Birmingham patients will be B1/B2/B3, Cambridge C1/C2/C3 etc )
- The plan is to complete all five worksheets
  - o Main sheet
  - o Blood tests (please complete Cr, eGFR, uACR/uPCR, PR3 or MPO, haematuria on urine dip for patients on this worksheet at month 1, 2, 3 , 6, 9, 12 months post the “baseline date”- which is the date avacopan was commenced)
  - o Avacopan dosing information
  - o Infusions (please complete all IV cyclophosphamide, rituximab and methylprednisolone infusions from the date of “flare” to 12 months post avacopan start date. This includes methylprednisolone given as pre-medications for rituximab induction)
  - o Prednisolone (please complete oral prednisolone dosing for patients on this worksheet at week 1,2,3,4 and 3,6,9 months post the “baseline date” which is the date avacopan was commenced)



21<sup>st</sup> INTERNATIONAL  
**VASCULITIS**  
WORKSHOP

**BARCELONA**  
7 - 10 APRIL 2024

 [@VasculitisBCN24](#)

 [CCIB - Barcelona International Convention Centre](#) | [How to get there?](#)

Abstracts  
Submission

VASCULITIS BARCELONA  
7 - 10 APRIL 2024

Online registration

# Centres so far...

Manchester  
Stoke  
Reading  
Birmingham  
Imperial  
Kent  
Leicester  
Bristol  
Addenbrookes  
Exeter  
Lanchashire



- GN CSG
- UKIVAS meeting in Manchester next week



My contact email address is [lucy.francis19@nhs.net](mailto:lucy.francis19@nhs.net) if you are interested in taking part

Thank you!

# Supply Problems

- Alteplase OOS again
- Bumetanide tablets OOS until January 2024
- Ketovit – use Dalivet/Abidec drops
- Vanquoral 25mg OOS until end Nov





# Q&A Themes - Guidelines

- LMWH on dialysis
- Alteplase for unblocking PD catheters
- Vancomycin on HD
- New SGLT2 inhibitors guideline published
  - NICE TA for empagliflozin imminent
- Difelikefalin guideline
  - Webinar on 16th Nov @ 4pm
  - [https://us06web.zoom.us/webinar/register/WN\\_WGu25cr3SHqyGZjmDrbenQ#/registration](https://us06web.zoom.us/webinar/register/WN_WGu25cr3SHqyGZjmDrbenQ#/registration)





# Q&A Themes - Renal

- COVID treatments
  - Push back on funding for remdesivir/Paxlovid
  - If successful please add to chat for centres who need help
  - Clinically approved but ? around funding
  - May be issues with supplies of remdesivir
  - Sotrovimab may be first line
- Supply of Alucaps
- Rituximab and Plex dosing (aim to leave 48 hours before plex)
- Max dose calcium gluconate in hyperkalaemia - ?reference for 50 ml (UKKA)
- Avacopan steroid reducing
- Alectinib doing in GFR < 30 ml/min
  - Oncology guidelines may be helpful (UK/Australia)
- Inclisiran in CKD
- Cyclophosphamide dosing in adolescent patients
- Kinetic eGFR dosing for complex patients with AKI



## Q&A Themes - Dialysis

- Alteplase/urokinase for unblocking PD catheters
- Alteplase/urokinase for home haemo patients
- Levetiracetam dosing in dialysis for refractory seizures
- Choice of EPO on dialysis
- LMWH in dialysis policy
- Fibrates in dialysis patients – any issues?
- Paclitaxel in ESRD
- Cyclophosphamide - ?hold off APD for 12 hours post cyclo
- Prescribing systems for dialysis patients
- Fosfomycin in HD – a few units have given if no options, no issues

# Q&A Themes - Transplant



- Switching from tacrolimus to ciclosporin – stop tac once ciclosporin levels in range
- Tacrolimus in anaphylaxis with clarithromycin

## Kidney Patient Safety

The UKKA estimated Glomerular Filtration Rate (eGFR) Working Group have produced a patient safety alert on the "[Lack of standardisation of kidney function measurement across the UK](#)" with recommendations on use of eGFR equations and measurement methods.

[Updated Home Dialysis Reimbursement Calculator](#)  
There has been an update to the [reimbursement calculator](#) that forms part of a toolkit to support reimbursement of additional utility costs for home dialysis in England and Wales. This includes remote monitoring, electricity, water, and sewage costs due to haemodialysis or peritoneal dialysis treatments and associated equipment.

## COURSES & EVENTS



### PNNG Annual Meeting

10 - 11 November 2023

The 25th Annual Conference of Paediatric Nephrology Nurses featuring workshops, presentations, symposia, posters and more.

Workshops include fistula needling with ultrasound guidance and VR headsets for PD training. Paediatric Nephrology Nurses Group (PNNG) members and non-members are invited to attend.

REGISTER

[Home](#) / [UKKA Supportive Care Webinar](#)


# UKKA Supportive Care Webinar

Join the next **Supportive Care Webinar on 16 November 4pm**. Topics include - how we treat itch: a three-country survey of CKDaP treatment practice and the treatment of CKD-associated Pruritus, the evidence base. Free to attend, [register now](#).

## When

November 16th, 2023 from 4:00 PM to 5:00 PM



empowered by [CIVICRM](#) 

# Q&A – New Qu

- Anaemia in supportive care guideline?
  - No specific protocols on supportive care, general anaemia
  - GPs pushing back on HIF bloods
  - ? Frequency of monitoring/targets



## Q&A – New Qu

- Imlifidase stock coming through v short dated (end of Dec)
- Care with replacement scheme



## Q&A – New Qu

- Dundee asking about tiopronin availability
- Available through Ascot (slightly cheaper than v v expensive)
- 100mg available now/shortly
- 250mg anticipated end of year





# Q&A – New Qu

- Dialysis in a patient with sickle cell
  - Anticoagulation/dialysers?
  - Imperial manage on case by case basis, may not require much adjustment
  - Sometimes use ESAs, sometimes not



## Q&A – New Qu

- Any questions/topics/speakers for future open sessions, please message Olivia/Sara



# November Q&A - Close



**Thank you for attending!**

## Next Q&A: Wednesday 13<sup>th</sup> December

**Keep in touch** throughout the month on **WhatsApp Q&A Group**

- >100 participants throughout UK and Ireland
- Useful real time forum for clinical Q's
- Please consider joining!

